

COLLEGIALITY: WHAT IS IT?*

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PREMISE

THE ACADEMIC OUTPUT OF A UNIVERSITY is maximum when individual efficiency is at its highest. Such an environment flourishes when a collegial atmosphere exists, and is inhibited when it is absent. In an academic medical center collegiality guarantees the most productive environment for academic physicians. It enhances their research output, and it maximizes open communication and dissemination of ideas and information.

Currently there are few mechanisms through which academic health centers can ensure a collegial environment. The fact is that collegiality has always been difficult to achieve. Partly for this reason, the maintenance of the collegial environment has not yet been made explicit in such documents as academic faculty bylaws, Board of Trustees' resolutions, etc.

THE IDEA OF COLLEGIALITY

Collegiality is essentially a corollary to the idea of a collegium—a group united by collective commitment to some idea, the pursuit of which entails certain privileges and imposes certain obligations. First used by Cicero to describe a gathering of priests, the word collegium later was adopted by the Catholic Church to refer to the gathering of bishops. Its first academic usage referred to the community of scholars at Oxford University.

When collegium is used in an academic environment, it refers to a faculty that shares a commitment to the preservation, validation, communication, and extension of knowledge. Collegiality has three facets that make up a

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whole: cultural, structural, and behavioral.¹ The cultural aspect of collegiality is constituted by a set of beliefs characteristic of the group. The structural aspect refers to the codified set of decision-making rules that govern the collegium.

The behavioral aspect of collegiality refers to the behavioral roles and interactions of faculty members as guided by the set of beliefs and delineated by the structural rules of the collegium. Collegiality itself is constituted by a code of interpersonal behavior that protects the privileges and determines the duties of the members of a collegium.

The privileges of a collegium derive from acceptance of the ideal around which the group is organized and the support of the group for each member, both in practical and supportive terms, to concentrate on a particular pursuit and work free of outside interference.

The source of obligations derives from the ethical constraints of the ideal pursued, responsibility to the society to which the group belongs, and the individual's obligation to other faculty members to maximize efforts to fulfill the stated goals of the group.

Collegiality is by no means a romantic idea, nor should it be considered so. It is neither the product of sentiment nor pining for some Golden Era that never was. Collegiality derives from certain obligations that are in fact duties, not from camaraderie, fellowship, or even familial feeling. Only when the duties of collegiality are observed in a gracious, caring spirit of mutual respect, friendship, or family does duty become transformed into virtue. But even without virtue, the moral strictures of collegial duty apply.

THE ACADEMIC COLLEGIUM

What sets an academic setting apart from the more general concept of collegiality is that the goal of the group is the pursuit of knowledge and truth. Knowledge is pursued for its own sake and is valuable because it is pure.

The purpose of the university, in general, is to preserve, validate, and teach existing knowledge while actively pursuing new knowledge through research. As stated so well by John Henry Cardinal Newman, the university is a place where ideas, not men, rule.² Men instruct and learn. The university "... represent and fight ... for excellence and individual views, disinterested objectivity, free and open communication, fastidiousness and honesty in reporting of research results. ..."³ The university guarantees the primacy of ideas by providing an environment where academic freedom of inquiry can exist. Because of this expressed goal, the university has an obligation to protect the duties and privileges of the collegial relationship.

The duties of collegiality demand that ideas live through a complete life cycle. This cycle begins with the inception of an idea, passes through tests for its veracity, and ends finally in acceptance or rejection. This applies to "good" as well as "bad" ideas. "Bad" ideas, even when rejected, are often the springboard for "good" ideas, and are recognized by the members of the collegium as valuable. To ensure this requires the corollary obligations that characterize the collegial relationship, namely, respect for autonomy, non-maleficence, insistence upon veracity, academic critique, and a positive competitive spirit of scholarship.

Careful distinction between critique of an idea and critique of the person is crucial because only the former permits the life cycle of an idea to be completed. Critique of the person depends on emotion and is often motivated by secondary personal gain. It inhibits expression of new ideas, limits personal freedom, and fosters a negative form of competition that eventually erodes the productive output of the group. Critique of an idea, on the other hand, depends on logic, frees a person from inhibitions, allows personal freedom, and constitutes a fulfilling, positive form of competition. Moreover, the collegial mandate necessitates that accurate and comprehensive academic critique takes place, for it actively maintains the primacy of ideas as the lifeblood of the academic enterprise.

The duties of collegiality also include fidelity to the ethics of good scholarship, such as careful observation, acknowledgment of sources, honest reporting of data, etc. They also include ethical obligations to other colleagues who share the same commitments, privileges, and obligations. The privileges of the academic collegium are guaranteed when these duties are fulfilled. They include pursuit of knowledge without restraint, freedom to express, and the opportunity to instruct. The university provides the environment, both in monetary and practical terms, where these activities can take place with relative protection from outside influences.

THE ACADEMIC MEDICAL COLLEGIUM

Medicine is a profession defined by two qualities that make it unique: it is rooted in practicality and it is at heart a moral enterprise, due to the inequality that exists between physician and patient.⁴ The medical collegium is thus set apart. The unique privileges and responsibilities of academic physician-colleagues determine the characteristic attributes of their interpersonal relationships.

Ideas rooted in practicality. The ideas of medicine are of value only when they result in improvements in patient care, either physically or in relief of

suffering. Knowledge of medicine is not acquired primarily for its own sake. Medical research is geared ultimately to the care of patients. This is the common goal of the medical collegium. All medical teaching is directed so that this knowledge is transmitted from physician to student. An individual achieves long-term academic success or failure based on ideas that have resulted in practical advancements of medical knowledge or based on the ability to transmit such ideas well to students.

THE INEQUALITY BETWEEN PHYSICIAN AND PATIENT

The medical relationship between the physician and the patient is characterized by three factors: the vulnerability of the patient, the moral nature of medical decisions, and the physician's monopoly of medical knowledge.

The vulnerability of the sick person introduces inequality into the medical relationship between physician and patient. The patient loses his freedom to pursue life's goals, make decisions, and heal himself without access to specialized knowledge and skill. This person is forced to consult another who holds the needed knowledge and skill, and who therefore holds a certain power. This inequality imposes a moral obligation upon the physician because he is the one with the power to affect the patient's outcome. The physician's obligation is to protect the vulnerability of the patient against exploitation, and to ensure the trust that he will act for the good of the patient. He will not act for his own good, nor for the good of society, science, the family or any other entity.

Medical decisions consist of technical and moral components. The physician must be accurate in diagnosis and therapy. His recommendations must be for the patient's good, both medically and in terms of the patient's emotional needs and the physician's own moral sensibilities. To see the relationship between the technical and moral components of a medical decision and to place them in the right order becomes itself a moral obligation for the physician.

Physicians are granted a monopoly over medical knowledge. They are allowed the freedom to accredit education programs and to set standards of practice, to admit, and to eject from the medical community. This creates in the group a reciprocal collective duty to assure that medical knowledge is available, accessible, and accurate. Medical knowledge is entrusted to the medical collegium to care of the sick. As stewards of this body of knowledge, physicians are obliged to preserve, to validate, to teach, and to extend medical knowledge, and to ensure that it is available to those for whom it is acquired.

SUMMARY

The privileges of members of the academic medical collegium consist of the following: freedom to pursue medical knowledge, performance of therapeutic interventions, opportunity to instruct, freedom to engage in experimentation, and to share in the expression and communication of medical knowledge with colleagues.

The obligations are the same as those of the purely academic collegium mentioned above. Additionally, there are the obligations specific to the medical collegium: the care and cure of the sick, fulfillment of the moral covenant to the patient, to guarantee the life cycle of medical ideas, to assure academic critique in medicine, the stewardship of medical knowledge, and adherence to a professional code.

We feel that the relationship among medical colleagues adheres to a codified set of duties, one that can be objectively relied upon to protect the endangered species of American academic medicine, the collegial environment.

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